L19000256282

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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R MYHATE.
JUL 28 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TQ	O Notch Tre	e.C.Debris 11C ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Rocky Upt	Name of Person	
	Top Note	th tree/debris	<u>// c </u>
	6723 Cal	rriage Lh Address	
	Lakeland	FLorida 3381 City/State and Zip Code	1
		City/State and Zip Code	.
	Cocky of Legiov (e & Vahoo , Cers to be used for future annual report not	ification)
For further information co	ncerning this matter, please ca		
Rocky Copther	rave	at (<u>263</u>) <u>529 - 1</u> Area Code Daytin	4082
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
也 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 Jun 6 Jun 8: 1-0

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2020

ROCKY UPTHEGR®VE 6723 CARRIAGE LN LAKELAND, FL 33811

SUBJECT: TOP NOTCH TREE/DEBRIS LLC

Ref. Number: L19000256282

We have received your document for TOP NOTCH TREE/DEBRIS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00011162

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it nov appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	6723 Carriage La Lakeland FL 33811
(Principal office address MUST BE A STREET ADDRESS)	33811
Enter new mailing address, if applicable:	6723 Carriage Ln Lakeland FL
(Mailing address MAY BE A POST OFFICE BOX)	33811
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	cky L. Uptnegove Jr.
New Registered Office Address: 67	23 Carriage Ln. Enter Florida stret address
Lai	23 Carriage Lo. Enter Florida stret address Keland Florida 33811 City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jarred Register	6788 Lake Buffum Rd	□Add
		6788 Lake Buffum Rd Fort Meade FL 33841	
			□Change
AMBR	Dustin Sammons	3471 Jade Lane	[SAdd
		3471 Jade Lane Mulberry, Pl 33860	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	tive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
e reco The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 6 90th day after the record is filed.
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	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00